

Date: 25/08/2021

Interview with Mgr. Ludmila Nováková

Qualification:

Ludmila is psychologist and psychotherapist, who works as a member of a crisis intervention team that helps victims to cope mentally with this experience.

Cleaning staff were misconduct at the medical facility, which provides acute psychiatric care for psychiatric patients. Due to a poorly closed door, one of the patients managed to escape from the closed ward. Medical personnel immediately raised the alarm to report an emergency. All male medical personnel immediately began to run from the entire clinic to the alarm point, where the staff immediately passed on information that one of the patients had escaped. The patient ran outside the clinic and tried to stop a passing car. The car was driven by a middle-aged woman who pulled up when a patient ran in front of her car. The moment she pulled over, the patient tried to push her out of the car and steal the car. Medical personnel were on the scene at the time and immediately pulled the man out of the car. In the number of 7 people, the patient was taken back to the psychiatric ward, where the patient was given restless medication. The woman, who was in shock, offered to park her car and was approached by a psychologist from the crisis department, who offered her the possibility of intervening and processing the difficult situation. The woman accepted the offer. After about an hour of intervention, the woman called her husband, and they went home together. The woman was offered another interview if she was interested.

What do you see as a back-up to handle this situation?

I see good communication and cooperation within our team as key. I see it as very important that every member knows what their role is. At the same time, I see it as essential that I can rely on the work of my colleagues. We don't work as individuals, but as a team, and it's visible in our work.

What was important in intervening with the woman who then led?

In this situation, it was primarily a mastery of the shock that the woman experienced. Normally our clients say, this cannot happen to me, and they are not able to process this situation. So, an important part of the intervention was the very accepted fact that this event happened. We continued to work with feelings of security that were disturbed by this experience.

How do you feel about the situation of crisis intervention and how do you prepare for it?

Well, since my situation is constantly changing, and intervention is rarely within the conditions of my home workplace. I cannot say unequivocally that I have a unified setting. I see as important elements that can induce feelings of greater security, such as providing the client with something warm to drink and the possibility to put a blanket around his shoulders to see if the situation allows it.